

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09433

94a

CERTIFICATE OF DEATH

166

Reg. Dist. No.

1. PLACE OF DEATH:

County... Garrett

City or town... Near Oakland, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

6 Hours.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elmer Cameron, Sr.

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife.

Pearl Myers (Cameron)

7. Birth data of deceased (mo., day, yr.)

March 1st, 1908

6.(c) If alive, give age... 35 years

8. AGE:

Years

Months

Days

If less than one day

40

6

14

hrs.

. min.

Lonaconing, Md.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Celanese Worker.

11. Industry or business

Celanese Plant

MOTHER FATHER

James Cameron.

12. Name

Lonaconing, Md.

13. Birthplace

Wiland.

14. Maiden name

James Cameron, Jr.

15. Birthplace

Lonaconing, Md.

16. Informant

James Cameron, Jr.

Address

Lonaconing, Md.

17. Burial

Date thereof Sept. 18/48

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Oak Hill Cemetery.

Location

Lonaconing, Maryland.

18. Funeral director

Emory Baldwin & Son

Address

Oakland, Md.

19. (Date rec'd by registrar)

9/15/48

19.

Julia G. Brown

Local

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County...

Allegany

City or town... Lonaconing, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

214-05-4506

MEDICAL CERTIFICATION

2D. DATE OF DEATH

September 15, 1948, at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

I buried after death

19.

and that I last saw him alive on

19.

Immediate cause of death

Coronary Occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. J. Baumgardner, M.D. Brian Berney,
Oakland, Md. D.P.L. 9/15/48
M. D. or other

Address

Date signed

RECEIVED

SEP 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dlat. No. 168

89134
Diehl

1. PLACE OF DEATH:

County

Garrett

City or town Route 2 Frostburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Solomon Ira Caton

4. Sex

Male White married

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Susie Caton

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

52

8

15

hrs.

min.

9. Birthplace

Pocohontas Greenville, Pa.

(Town, county, and state)

10. Usual occupation.

Miner

11. Industry or business

Fire clay mines

MOTHER FATHER

12. Name

George Caton

13. Birthplace

Pennsylvania

14. Maiden name

Nancy Albright

15. Birthplace

Pennsylvania

16. Informant

Mrs. Solomon Caton

Address

Frostburg Md.

17. Burial

Date thereof Sept. 24, 1948
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory

Johnson Cemetery

Location

Route 2 Frostburg Md.

18. Funeral director

J. R. Durst

Address

Frostburg Md.

19. Date rec'd by registrar

Sept. 22, 1948 M. J. Julian Michael

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

Garrett

City or town

Frostburg (If outside city or town limits, write RURAL and give nearest town)

Street No.

Route 2 Box 153 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

212-10-9264

MEDICAL CERTIFICATION

20. DATE OF DEATH September 21 1948 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 20 1948 to September 21 1948

and that I last saw h. 1 M. alive on September 21 1948

Immediate cause of death

Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

X Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

H.C. Diehl, M.D.

M. D. or other

Address

Frostburg, Md.

Date signed

RECEIVED

SEP 25 1948

MURRAY ▶ S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09435

108

166

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Garrett
City or town: Crellin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months

Hospital, institution, or street address where death occurred: ---

How long in hospital or institution? ---

3. (a) FULL NAME

Clintis William Dumire Jr.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age --- years
T. Birth date of deceased (mo., day, yr.) September 22, 1942

8. AGE:

Years
5Months
11Days
15If less than one day
hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

none

MOTHER FATHER

Clintis W. Dumire

12. Name

Tucker Co., W. Va.

13. Birthplace

Helen Paugh

14. Maiden name

Garrett Co., Md.

15. Birthplace

Clintis W. Dumire

16. Informant

Crellin, Md.

Address

17. Burial

(Burial, cremation, or removal. Which?)

Evans Cemetery

Cemetery or crematory

Shaffer, W. Va.; Tucker Co.

Location

Herbert C. Leighton

18. Funeral director

Oakland, Maryland.

Address

19. Date rec'd by registrar

9-8

1948

Julia G. Powers

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State: Maryland County: GarrettCity or town: Crellin
(If outside city or town limits, write RURAL and give nearest town)

Street No.: ---

(If rural, give LOCATION)

2.(a) If veteran, name war: ---

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

September 6 1948 at 4:00A.M.

21. CERTIFY that death occurred on the date above stated: That I attended deceased from

--- after death 19.....

and that I last saw him alive on 19.....

Immediate cause of death: ---

Congenital Labor Prolongation

DURATION

Due to: ---

Due to: ---

Other conditions: ---

Prolonged Labor
Intrauterine Emphysema

(Include pregnancy within months of death)

Major findings of operations: ---

Autopsy result: Labor Prolongation, Pericarditis, Myocarditis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: ---

Where did injury occur: --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury

Injured at work: ---

23. SIGNATURE

R. J. Brumgarther M.D.

M. D. or other

Address: Oaklawn Dr. 916 1/4

Date signed: 9/16/48



STATE OF MARYLAND—CERTIFICATE OF DEATH

09436

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County. Garrett

Village or City. Mt. Lake Park

Registration Dist. No.

Kiser Nursing Home

St.

Ward

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Augustus Burigaid Harvey

(a) Residence: No. Walnut Bottom, Garrett Co., Md. Ward. S.S. No. None

If U.S. Veteran specify WAR no

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
-------------	------------------------	---

5e. If married, widowed, or divorced
HUSBAND or (or) WIFE of Ellen Bleaks Aosbon

6. DATE OF BIRTH (month, day, and year) May 19, 1868

7. AGE Years 80	Months 4	Days 10	If LESS than 1 day, ____ hrs. or ____ min.
-----------------	----------	---------	--

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. miner
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Coal Mines
	10. Date deceased last worked at this occupation (month and year) 25 Yrs.
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Garrett Co., Md.

13. NAME Meshac Harvey

14. BIRTHPLACE (city or town)
(State or country) Garrett Co., Md.

15. MAIDEN NAME Eliza Turner

16. BIRTHPLACE (city or town)
(State or country) Garrett Co., Md.17. INFORMANT Mrs. Beulah Herman
(Address) Luke, Md.18. PERIOD CREMATION, OR REMOVAL
Place: Harvey Cem. Walnut Bottom Date: Oct. 2, 194819. UNDERTAKER Otha F. Sharpless
(Address) Blaine, W. Va.20. FILED 10/11/48 Julie L. Lewis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 29, 1948
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

in _____, 1948; death is said
I last saw him alive on _____, 1948; death is said
to have occurred on the date stated above, at _____, 1948.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic Nephritis, and Chronic Bronchitis.
and Miner's Asthma for years.
General Debility

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Dr. J. H. G. D. M. D.
(Address) Oakland, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

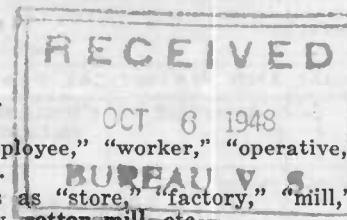
Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09437

830

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

Garrett

County.

Crellin, Maryland.

City or town.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Virginia May Harvey.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White

Single.

B.(b) Name of husband or wife:

B.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) April 22d, 1881.

8. AGE: Years Months Days II less than one day
67 5 6 hrs. min.

9. Birthplace Garrett County.

(Town, county, and state)

10. Usual occupation House wife.

11. Industry or business

MOTHER FATHER Jeremiah Harvey.

12. Name Garrett County.

13. Birthplace Sarah M. Abernathy.

14. Maiden name Garrett County.

15. Birthplace Issac G. Harvey.

16. Informant Crellin, Md.

Address

17. Burial

(Burial, cremation, or removal. Which?) Date thereto October 1/48

(month) (day) (year)

Cemetery or crematory Fairview Cemetery.

Location Near Table Rock, Md.

18. Funeral director

Address Eunice D. Bolden

Oakland, Md.

9/30/48

(Date rec'd by registrar)

19. Address Julia P. Bowen

Local

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Crellin, Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

September 28, 1948, at 6:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1st 1947 to Sept 28, 1948, end that I last saw her alive on Sept 27, 1948.

Immediate cause of death Opiateoxia

DURATION

10 days

Due to arterio-sclerosis

Due to Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

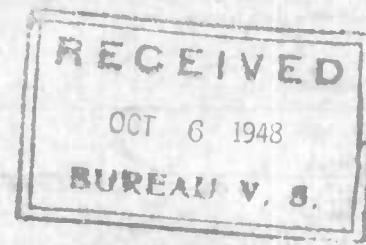
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Deland Date signed 9-29-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d
09438

CERTIFICATE OF DEATH

Reg. Dist. No.

166

1. PLACE OF DEATH:

County... Garrett
City or town... Oakland, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Miss Bertha Cecilia Helbig.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female	White	Single.
--------	-------	---------

6. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.) February 14th, 1878.

8. AGE: Years Months Days If less than one day
70 7 6 hrs. min.9. Birthplace... Oakland, Maryland.
(Town, county, and state)

10. Usual occupation... Retired Clerk.

11. Industry or business

12. Name... John Helbig.

13. Birthplace... Germany.

14. Maiden name... Mary Brinkman.

15. Birthplace... Germany.

16. Informant... Edward W. Helbig.

Address... Oakland, Maryland.

17. Burial Date thereof... Sept. 22/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory... St. Peters Cemetery.

Location... Oakland, Maryland.

18. Funeral director... Tinsay D. Bolden.

Address... Oakland, Md.

Sept. 22 48

(Date rec'd by registrar)

2. USUAI. RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... GarrettCity or town... Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH September 20th 1948 at 11:00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 19 1945 to Sept. 19 1948
and that I last saw her alive on 19 Sept 1948

Immediate cause of death:

Bronchitis pneumonia.

DURATION

3 days

Due to: General debility
left hemiplegia

6 mos.

Due to: Hypertension Heart Disease

10 yrs.

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

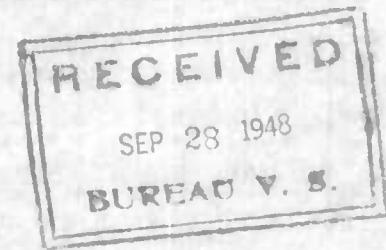
Means of injury

Injured at work?

23. SIGNATURE...

as Mary M. M. D. or other

Address... Oakland Md. Date signed 20 Sept 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09439
966

CERTIFICATE OF DEATH

Reg. Dist. No....

93d

1. PLACE OF DEATH:

Garrett
County.

Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

Life time.

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Etta May Arnold Helbig.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow

B. (b) Name of husband or wife.....

Deceased.

B. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

January 5th, 1865.

8. AGE:

Year	Month	Days	If less than one day
83	8	25	hrs. min.

9. Birthplace.....

Oakland, Md., Garrett County.

(Town, county, and state)

10. Usual occupation.....

House wife.

11. Industry or business

12. Name.....

David Arnold.

13. Birthplace.....

England.

14. Maiden name.....

Elizabeth Martin.

15. Birthplace.....

Germany.

16. Informant.....

Mrs. Evelyn Teets.

Address.....

Oakland, Maryland.

17. Burial.....

Date thereof..... Oct. 2d, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

St. Peters Cemetery.

Cemetery or crematory.....

Location.....

Oakland, Maryland.

18. Funeral director.....

Address.....

Eunice D. Boldeau

Oakland, Md.

19. Date rec'd by registrar.....

19.

(Date rec'd by registrar)

Julia A. Moran

Registrar

2. USUAI. RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland. County..... Garrett

City or town..... Oakland, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None.

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

September 30, 1948, at 10 A.M.

21. I CERTIFY that death occurred on the date above elated; that I attended deceased from

Dec 24, 1948,

to Sept 15,

1948.

and that I last saw h. or alive on Aug 15,

1948.

Immediate cause of death.....

Chronic Myocarditis

Due to.....

Due to.....

Other conditions..... Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Nature of injury.....

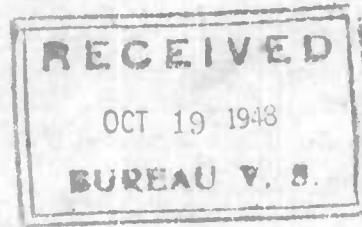
Injured at work?

23. SIGNATURES.....

M. D. or other _____ Date signed.....

Addressee..... Oakland, Md. Date signed..... Oct 11, 1948

In care of
Head for signature



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09440
16

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County..... Garrett

City or town..... Deep Creek Lake, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Paul McCrobie.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife..... Emma C. McCrobie.

7. Birth date of deceased (mo. day, yr.)..... June 20th, 1915.

8. AGE: Years Months Days If less than one day

33	2	15	hrs.	min.
----	---	----	------	------

9. Birthplace..... Hoyes, Maryland.
(Town, county, and state)

10. Usual occupation..... Laborer.

11. Industry or business

FATHER 12. Name..... Samuel R. McCrobie.

MOTHER 13. Birthplace..... Garrett County.

14. Maiden name..... Rosie May DeWitt.

15. Birthplace..... Sang Run, Md.

16. Informant..... Mrs. Emma C. McCrobie.

Address..... Friendsville, Md.

17. Burial Date thereof Sept. 8th/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Oak Grove Cemetery.

Location..... Near McHenry, Md.

18. Funeral director..... Ernest P. Olden.

Address..... Oakland, Maryland.

19. 9/8 1948
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland, County..... Garrett

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war..... World War #2

3. (b) Social Security Number

218-16-4984

MEDICAL CERTIFICATION Noon

20. DATE OF DEATH..... September 5th, 1948 at 12:00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Enamored after death

and that I last saw him alive on

Immediate cause of death..... Accidental drowning

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident Date of

Where did injury occur?..... Dem. Mc Henry Garrett Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)..... Deep Creek Lake

Means of injury..... Drowning Injured at work? No

23. SIGNATURE..... E. B. Baumgartner M.D. D. M. D. or other

Date signed 9/6/48



M
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09441

166

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County..... Garrett
City or town..... Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 20 years
Hospital, Institution, or street address where death occurred:
.....
How long in hospital or institution?.....

3. (a) FULL NAME

Bert Millison Welch.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Married

6.(b) Name of husband or wife..... Alice Soelters Welch.

7. Birth date of deceased (mo., day, yr.)..... December 11th, 1891.

8. AGE: Years	Months	Days	If less than one day
56	3	16	hrs. min.

9. Birthplace..... Sunnyside, Md.
(Town, county, and state)

10. Usual occupation..... Candy Salesman.

11. Industry or business..... Wholesale Business.

FATHER
12. Name..... William Porter Welch.

MOTHER
13. Birthplace..... West Virginia, Hampshire Co.

14. Maiden name..... Sophia Almedia Stahl.

15. Birthplace..... Garrett County.

16. Informant..... Walter N. Welch.

Address..... Oakland, Maryland.

BURIAL
17. Burial Date thereof..... Sept. 30/48
(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory..... Oakland Cemetery.

Location..... Oakland, Maryland.

18. Funeral director..... Elmer D. Bolden.

Address..... Oakland, Md.

19. Date rec'd by registrar..... 9/30/48

(Date rec'd by registrar) 19. 48

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Garrett
City or town..... Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

236-12-4847

A.M.

MEDICAL CERTIFICATION

September 27th, 1948, at 10:35 M

20. DATE OF DEATH..... September 27th, 1948, at 10:35 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28, 1948, to September 27, 1948, and that I last saw him alive on September 27, 1948.

Immediate cause of death.....

Bronchitis pneumonia -

Due to..... Hypertension heart disease

DURATION

3 days.

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... A. Mance - M

M. D. or other

Address..... Oakland, Md. Date signed..... 28 Sept 48

RECEIVED
OCT 6 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09442

CERTIFICATE OF DEATH

Reg. Dist. No. / 66

1. PLACE OF DEATH: Garrett - Friendsville Md

County: Cranesville, W.Va. Rural

City or town: (If outside city or town limits, write RURAL and give nearest town)

41 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME
Isaac Clayton Wolfe

4. Sex M	5. Color or race W	6.(a) Single, married, widowed, or divorced Married
-------------	-----------------------	--

6.(b) Name of husband or wife..... Elma Wolfe

7. Birth date of deceased (mo., day, yr.) May 28, 1877

6.(c) If alive, give age 74 years

8. AGE: Years 71	Months 3	Days 7	If less than one day hrs. min.
---------------------	-------------	-----------	--

9. Birthplace..... Cranesville, W.Va.
(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business

MOTHER FATHER
12. Name..... Josiah Wolfe
13. Birthplace..... Cranesville, W.Va.

14. Maiden name..... Susan Frazee
15. Birthplace..... Freindsville, Md.

16. Informant..... Wayne Wolfe
Address..... Terra Alta, W.Va.

17. Burial..... Date thereof..... Sept. 8.48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or Crematory..... # Cranesville,
Location..... Cranesville, W.Va.

18. Funeral director..... A. F. Collins
Address..... Terra Alta, W.Va.

19. (Date rec'd by registrar) 9/8/48 July Howard
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md.

County..... Garrett

City or town..... Cranesville, W.Va. Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Friendsville Md

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... Sept. 5 1948 at 8.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 5 1948 to Sept. 5 1948

and that I last saw him alive on Sept. 5 1948

Immediate cause of death..... Cerebral Hemorrhage

Due to..... Hypertension

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE..... E. J. Baumer M.D.

M. D. or other

Address..... Oaklawn 8/7/48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

57d

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH:

County... Garrett

City or town... Rural Jennings

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Ellen Zimmerman

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

June 9, 1936

8. AGE:

Years

Months

Days

If less than one day

12

2

23

hrs. min.

9. Birthplace

Rural Jennings, Garrett Co., Md.

(Town, county, and state)

10. Usual occupation. School Girl

11. Industry or business

12. Name... Robert Zimmerman

MOTHER FATHER Not Known

13. Birthplace

14. Maiden name... Martha Wilt

15. Birthplace

Rural Jennings

16. Informant... Mrs. Nelson Wilt

Address Jennings, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 9-3-1948

(month) (day) (year)

Cemetery or crematory Bittinger

Location Bittinger, Md.

18. Funeral director Mm Skitarelli

Address Grantsville, Md.

Sept 3 1948

(Date rec'd by registrar)

J. B. Emerson
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md.

County... Garrett

City or town... Rural Jennings

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1948 at 8:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1 1948 to Sept 1 1948
and that I last saw her dead on Sept 1 1948

Immediate cause of death

Brain tumor of
4th ventricle

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Benedict Skitarelli, M.D. or other

R. C. Cunneeland Date signed 9/1/48

Address

RECEIVED
SEP 6 1948
BUREAU V. S.